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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	US 18026
First Named Inventor	Gianni Collina et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	09 / 936,111
Filing Date	September 7, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI-STAGE PROCESS FOR THE (CO)POLYMERIZATION OF OLEFINS

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
99200698.1	EP	03/09/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/EP00/01924	(03/06/2000)	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number  →  Place Customer Number Bar Code Label here  
OR  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Margaret S. Millikin	38,969		
Joanne W. Patterson	31,217		
William R. Reid	47,894	3	

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number  OR  Correspondence address below

Name	Joanne W. Patterson		
Address	Basell North America Inc.		
Address	912 Appleton Road		
City	Elkton	State	MD
Country	US	Telephone	410-996-1658
		Fax	410-996-1560

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname		
Gianni		Collina		
Inventor's Signature	<i>Gianni Collina</i>			Date 9/4/2001
Residence: City	Cassana	State	Country	IT <input checked="" type="checkbox"/> Citizenship IT
Post Office Address	Via XXI Aprile 1945, 3			
Post Office Address				
City	Cassana	State	ZIP	44044
			Country	IT

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
		Page <u>1</u> of <u>4</u>

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Edward Bryan</u>		<u>Coughlin</u>					
Inventor's Signature	<i>E. Bryan Coughlin</i>				Date	<u>8/16/03</u>	
Residence: City	Amherst	State	MA	Country	US	Citizenship	US
Post Office Address	<u>30 Orchard Street</u> <u>74 Overlook Dr</u> <u>ER</u>						
Post Office Address							
City	Amherst	State	MA	ZIP	01002	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Giuliano</u>		<u>Cecchin</u>					
Inventor's Signature	<i>Giuliano Cecchin</i>				Date	<u>9/4/2001</u>	
Residence: City	Ferrara	State		Country	IT	Citizenship	IT
Post Office Address	<u>Via Ugo Foscolo 2</u> <u>via dei gelsomini 50</u>						
Post Office Address							
City	Ferrara	State		ZIP	44100	Country	IT
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Giovanni</u>		<u>Baruzzi</u>					
Inventor's Signature	<i>Giovanni Baruzzi</i>				Date	<u>9/4/2001</u>	
Residence: City	Ferrara	State		Country	IT	Citizenship	IT
Post Office Address	<u>Via Mario Azzi 37</u>						
Post Office Address							
City	Ferrara	State		ZIP	44100	Country	IT

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>4</u>					
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Anna</u>		<u>Fait</u>					
Inventor's Signature	<u>Anna Fait</u>				Date	<u>9/4/2001</u>	
Residence: City	<u>Ferrara</u>	State		Country	<u>IT</u>	Citizenship	<u>IT</u>
Post Office Address	<u>Via Arianuova 56/B</u>						
Post Office Address							
City	<u>Ferrara</u>	State		ZIP	<u>44100</u>	Country	<u>IT</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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